PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number: 10/526697

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE □ RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
U.S. NATIONAL STAGE FEES							
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200	EXAM. FEE			EXAM. FEE	200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	All other situations = $ 250 / $ 500	SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =	X $ 125 =			X $ 250 =	
TOTAL CHARGEABLE CLAIMS	40 minus 20 =	20	X $ 25 =		OR	X $ 50 =	1000
INDEPENDENT CLAIMS	3 minus 3 =		X $ 100 =		OR	X $ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT		□	+ $ 180 =		OR	+ $ 360 =	
			TOTAL		OR	TOTAL	1900

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM □					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM □					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR **PATENT** FEE REFUND

1 Date of Request: *8-4-05*	2 Serial/Patent # 10/526697		

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	3/3/05	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

7 TOTAL AMOUNT OF REFUND	$ 100

8 TO BE REFUNDED BY:

10 REASON:			Treasury Check
Overpayment	✓		Credit Deposit A/C #:
Duplicate Payment	9	1 2 -- 1 2 1 6	
No Fee Due (Explanation):			

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ *A C Johnson* _____ PHONE: _____

OFFICE: _____

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: